#### U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Phoenix Area Indian Health Service Office of Human Resources, Two Renaissance Square 40 North Central Avenue, Suite 510, Phoenix, AZ 85004-4424

Preference in filling vacancies is given to qualified Native American Indian Candidates or Alaska Natives in accordance with the INDIAN PREFERENCE ACT, TITLE 25, US CODE, SECTION 472 & 473. In other than the above, the Indian Health Service is an Equal Opportunity Employer.

\*Amended to add "WHO MAY APPLY" statement below.

#### DIRECT HIRE AUTHORITY VACANCY ANNOUNCEMENT

These positions are being filled through Office of Personnel Management's delegated Direct Hire Authority (DHA). The Direct Hire Authority has been authorized by the Homeland Security Act of 2002 and Part 337, Subpart B, Title 5 of the Code of Federal Regulations (5 CFR). If filled utilizing DHA, the following is applicable: all applicants who meet the basic qualification requirements will be forwarded to the Selecting Official for consideration. The "rule of three," Veteran's preference and traditional rating and ranking of applicants do not apply to the Direct Hire process. Indian Preference does apply.

#### \*WHO MAY APPLY:

Your resume will be included in the inventory of candidates established for consideration for current and/or future job vacancies. You will be considered for those vacancies that match your desired geographic locations, skills, and other job preferences.

This notice is issued under the direct-hire authority to recruit new talent to occupations for which the Department of Health and Human Services has a severe shortage of candidates or a critical hiring need. As such, this notice is targeted to who are qualified United States citizens and are not current permanent Federal employees, have had previous Federal Service, and USPHS Commissioned Officers. For those with current civil service status or have reinstatement eligibility, must apply to vacancy announcements posted through the local Human Resources Department and are not eligible for a Direct Hire Authority (DHA) appointment.

Qualified disabled applicants (Rehabilitation Act of 1973) and disabled veterans with 30% or more disability are encouraged to apply. Reasonable accommodations will be made for qualified applicants with disabilities, except when doing so would impose undue hardship on the Indian Health Service.

This position is subject to provisions of the Interagency Career Transition Assistance Plan Program (ICTAP) and Career Transition Assistant Program (CTAP).

ANNOUNCEMENT NUMBER: SWR-DHA-08-01	OPENING DATE: 01/01/2008	CLOSING DATE: 12/31/2008	
POSITION TITLE/SERIES/GRADE:	Nurse: GS-610-4/5/7 Clinical Nurse: GS-610-9 Clinical Nurse (ER), GS-610-10*		
STARTING SALARY:	GS-4: \$40,701 per annum GS-5: \$44,639 per annum GS-7: \$48,794 per annum	GS-9: \$53,065 per annum GS-10: \$55,512 per annum	
PROMOTION POTENTIAL:	GS-5; GS-7; GS-9; GS-10*		
TRAVEL:	The Indian Health Service may or may not pay or assume liability for personal travel, moving expenses, or other relocation costs incurred in accepting employment. To be determined on a case-by-case basis.		
APPOINTMENT/WORK SCHEDULE:	Positions may be filled as permanent, term, or temporary, with a full-time, part-time, rotational, or intermittent schedule. Positions to be filled as vacancies occur.		
AREA OF CONSIDERATION:	All Sources		
DUTY LOCATIONS:		olacca, San Carlos, Regional Treatment , Tucson, Whiteriver, Native American rz, NV; and Roosevelt, UT.	
	*Clinical Nurse (ER), GS-0610-10 po Polacca, Sells, and Whiteriver, AZ fa	ositions are only available at our Parker, cilities.	

**JOB DESCRIPTION:** Nurse/Clinical Nurse: Provide direct nursing service in the assessment, planning, implementation and evaluation of patient care in hospitals, clinics, or other patient care facilities. Work is performed on a regularly assigned or rotational basis to provide continuity of patient care during evenings, nights, holidays, and weekends. Performs other duties as assigned.

Clinical Nurse (ER): The Emergency Department nurse provides comprehensive and skilled nursing care specific to the age of the patients based on nursing assessment and the provider's plan of care, where condition and treatments can range from non-critical to critical. Initiates emergency interventions as indicated, e.g. Basic Life Support. Initiates and operates specialized equipment such as infusion pumps, cardiac monitors, pulse oximetry, and other automated equipment.

#### CONDITIONS OF EMPLOYMENT:

- 1. Selectee(s) are required to be immunized against Measles and Rubella and provide documentation prior to or at the time of their start date. Special consideration may be allowed to individuals who are allergic to a component of the vaccine or are currently pregnant. Selectee must have documented immunity to Rubella and Measles.
- 2. Selectee(s) are required to complete Security questionnaire and fingerprint chart for investigative purposes under PL 101-630 Indian Child Protection and Family Violence Prevention Act. Persons, who have been arrested for or charged with a crime involving a child, or violent crime against a person, are not eligible for employment with IHS under PL 101-630.
- 3. Selectee(s) are required to complete a "Declaration of Federal Employment Optional Form 306" to determine your suitability for Federal Employment, and to certify the accuracy of all the information in your application. Persons making false statements in any part of the application may not be hired; or fired after employment starts; or may be fined.
- 4. Males born after December 31, 1959 are required to be registered with the Selective Service System in order to be eligible for employment with the Federal Government.
- 5. Selectee(s) are required to have a viable bank account at a financial institution for electronic direct deposit of salary payment.
- 6. Some service units operate under extended service hours 7 days per week.
- 7. The incumbent may be required to travel and must possess a valid driver's license.

### **QUALIFICATION REQUIREMENTS:**

<u>Licensure Required</u>: All applicants for nurse positions must have active, current registration as a professional nurse in a State, District of Columbia, the Commonwealth of Puerto Rico, or territory of the United States.

<u>Education</u>: Degree or diploma from a professional nursing program approved by the legally designated State accrediting agency at the time the program was completed by the applicant. **Transcripts must be provided if you substitute education for experience.** 

Grade	Education	and/or	Experience
GS-04:	Completion of a program of less than 30 months duration or associate degree.	or	1 year of nursing experience as a military corpsman.
GS-05:	Completion of a program of less than 30 months duration or associated	and	1 year of professional nursing, or at least GS-4 level practical nursing experience under the supervision of a professional nurse.
OR	Completion of a program of at least 30 months duration or 4 academic years above high school or a bachelor's degree.		None.
GS-07:	Completion of a professional nursing program.	and	1 year of specialized experience equivalent to at least the GS-5 level.
OR	1 full year of graduate education or bachelor's degree with superior academic achievement.		None.
GS-09:	2 full years of progressively higher level graduate education or a master's degree.	or	1 year of specialized experience equivalent to at least the GS-7 level.
GS-10:	None		1 year of specialized experience equivalent to at least the GS-9 level.

**Specialized Experience:** Experience that equipped the applicant with the particular knowledge, skills, and abilities to perform successfully the duties of the position, and that is typically in or related to the work of the position to be filled. To be creditable, specialized experience must have been equivalent to at least the next lower grade level in the normal line of progression for the occupation in the organization.

Examples of specialized experience for the Nurse/Clinical Nurse include: Work experience reflecting knowledge of current nursing principles, practices, procedures, standards of care required to provide nursing care. Work experience reflecting knowledge of hospital policy and procedures relating to patient care. Work experience managing patient care in varying medical situations. Additional specialized experience for the Clinical Nurse (ER) may include: nursing intervention including medication and immunization administration, intravenous lines, electrocardiograms, outpatient procedures such as, wound care, pain management, and other treatments.

**METHODS OF EVALUATION:** Evaluation is made on the basis of appropriate education, experience, performance appraisals, training, self-development, outside activities and special awards. Experience related to tribal involvement and to Indian community projects will also be evaluated. Applicants will also be evaluated on the following ranking factors, i.e., Knowledge, Skills, and Abilities (KSA's).

**SUPPLEMENTAL QUESTIONNAIRE on KNOWLEDGE, SKILLS, AND ABILITIES (KSA):** On a separate sheet of paper, discuss how you performed (or have potential to develop) the particular knowledge, skill, or abilities listed below. (Failure to submit written responses as part of your application may result in an ineligible rating.)

#### Nurse, GS-610-4/5/7:

- 1. Ability to analyze, conceptualize and generalize ideas and theories to practical application.
- 2. Knowledge of technical nursing arts and practices.
- 3. Ability to express ideas and make recommendations, verbally and in writing.

#### Clinical Nurse, GS-610-9:

- 1. Ability to communicate with individual patients, families, groups of people and professional staff.
- 2. Skill in communication, orally and writing with diverse patient and multi disciplinary staff.
- 3. Knowledge of and ability to apply professional nursing principles, practices and procedures to provide nursing care to inpatients and outpatients.

#### Clinical Nurse (ER), GS-610-10:

- 1. Knowledge of and ability to apply professional nursing principles, practices and procedures to provide nursing care to patient in an Emergency Department setting.
- 2. Skill to operate specialized emergency room automated equipment.
- 3. Knowledge of advanced level of emergency interventions.

## HOW TO APPLY/REQUIRED FORMS (Incomplete applications will not be considered):

- 1. Applicants may use one of the following to apply: (1) OF-612 Optional Application for Federal Employment, <u>or</u> (2) Resume (See requirements in **Attachment A**).
- 2. If claming Indian Preference, BIA 4432 "Verification of Indian Preference for Employment in BIA and IHS".
- 3. Copy of current unrestricted Nursing License if applicable.
- 4. Copy of official transcripts.
- 5. Completed PL 101-630 Questionnaire (**Child Care Form form attached**)
- 6. Completed Selective Service Registration Form (**form attached**)
- 7. Completed Work Location Availability Form (form attached)
- 8. Written Responses to the Knowledge, Skills, and Abilities (KSA) OPTIONAL

Application and required forms must be identified by this announcement number and submitted to the address below:

ATTN: SWR-DHA-08-01 Office of Human Resources Phoenix Area Indian Health Service Two Renaissance Square 40 North Central Avenue, Suite 510 Phoenix, AZ 85004

Facsimile is acceptable – receiver is not responsible for incomplete submissions. All submitted materials are subject to retention by this office. You should duplicate and retain copies, since requests for copies will <u>not</u> be honored. Additional information regarding Federal job opening can be obtained at <u>www.opm.gov</u>, or at USAJOBS <u>www.usajobs.opm.gov</u> or check the IHS Website at <u>www.ihs.gov</u>. All documents are subject to the provision of the Privacy Act (PL 93-579) and become the property of Department of Health and Human Services (DHHS).

Phone: (602) 364-5219

(602) 364-5176

Fax:

Additional selections of candidates may be possible within 90 days from the date the certificate of eligible is issued for this announcement, for filing additional or similar positions.

Contact Phone Number: Call 602-364-5219 to contact Nurse Recruiter_	Date:	01/01/2008
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## **ATTACHMENT A**

**Resume Requirements** - Your resume or other application format must contain the following information to allow for qualification determination.

- Identify your application/resume by the announcement number, title and grade(s)
- Full Name (first, middle, last ~ include other names used, i.e., maiden name)
- Mailing Address
- Phone Number where you can be reached
- Email Address (if applicable)
- Social Security Number
- Country of citizenship
- Education: list high school and colleges attended, type of degree (list major) received, date of degrees conferred, and city and state of school.
- Work Experience: (include non-paid work as well as paid)
  - Job Title (if Federal employment, indicate series and grade)
  - Duties and Accomplishments
  - Employer's name and Address
  - Employer's name and phone number
  - Starting and ending dates of employment (month/year)
  - Hours of work per week
  - Salary
  - Indicate if you do <u>not</u> want us to contact your current supervisor (if not specified, it will be assumed that we may do so)
- List job related training (title, year obtained, hours of training)
- Honors or awards received
- License or certificates obtained (submit with application)
- Special accomplishments (i.e., publications, memberships, leadership and community recognition, etc)

Indicate if you do <u>not</u> want your current supervisor contacted for reference purposes.

## APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law {5 U.S.C. 3328} requires that you must be registered with the Selective Service law, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for employment by executive agencies of the Federal Government.

## **CERTIFICATION OF REGISTRATION STATUS**

Date signed {please use ink}

Check or	ne:
	I certify I am registered with the Selective Service System.
	I certify I have been determined by the Selective Service to be exempt from the registration provisions of Selective Service law.
	I certify I have not registered with the Selective Service System.
	I certify I have not reached my 18 <sup>th</sup> birthday and understand I am required by law to register at that time.
NON-RI	EGISTRANTS UNDER AGE 26
	e under age 26 and have not registered as required, you should register promptly at a United States Post Office or consular you are outside the United States.
NON-RI	EGISTRANTS AGE 26 OR OVER
register u the Offic decision OPM de	ere born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longe under Selective Service law. According, you are not eligible for appointment to an executive agency unless you can prove to e of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM through the agency that was considering you for employment by returning this statement with your written request for attermination together with an explanation and documentation you wish to furnish to prove that your failure to register was nowing nor willful.
PRIVAC	CY ACT STATEMENT
to provide This info	information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure the information requested by this statement will prevent any further consideration of your application for appointment ormation is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law ment or other authorized use in implementing this law.
FALSE	STATEMENT NOTIFICATION
	tatement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by apprisonment (Section 1001 of title 18, United States Code).
Legal sig	enature of individual {please use ink}

# **Phoenix Area Indian Health Service Work Location Availability Form**

e you will accept employment.
Polacca, AZ*Schurz, NVWhiteriver, AZ
Bylas, AZ
Fallon, NV
Nixon, NV
Gardnerville, NV (Washoe)
Yerington, NV
Regional Treatment Center
Sacaton, AZ
am, Santa Rosa Health Clinic,
Tucson Area, AZ am, San Xavier Health Center
am,San Xavier Health Center Tucson Area, AZ
Sells, AZ*

Tucson Area, AZ

<sup>\*</sup>Clinical Nurse (ER), GS-0610-10 positions are only available at our Polacca and Sells, AZ facilities.

## Addendum to Declaration for Federal Employment (OF 306) Indian Health Service Child Care & Indian Child Care Worker Positions

Ite	m 15a. Agency Specific Questions			
Nε	ame: Social Security Number:			
Jo	(Please print) b Title in Announcement: Nurse/Clinical Nurse Announcement Number: SWR-DHA-08-01			
pos	tion 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care itions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child for the disposition of the arrest or charge.			
Dep	tion 408 of the Miscellaneous Indian Legislation, Public Law 101-630, contains a related requirement for positions in the partment of Health and Human Services that involve regular contact with or control over Indian children. The agency must ure that persons hired for these positions have not been found guilty of or pleaded nolo contendere or guilty to certain crimes.			
	assure compliance with the above laws, the following questions are added to the Declaration for Federal			
1)	Have you ever been arrested for or charged with a crime involving a child? YESNO			
	[If <b>YES</b> , provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]			
2)	Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children? YESNO			
	[If YES, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]			
to S unc	ertify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up \$2,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I derstand my right to obtain a copy of any criminal history report made available to the Indian Health Service and right to challenge the accuracy and completeness of any information contained in the report.			
Ap	plicant's Signature (sign in ink)  Date			

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. *Please do not send completed data collection instruments to this address*.

FORM APPROVED: O.M.B. NO. 0917-0028 Expires 02/28/2009